



Agency Control Number (Not Recorded in FI-NET)

Agency

Division

TO: Director of Agency

## REQUEST FOR OUT OF STATE TRAVEL AUTHORIZATION

1. Traveler Name \_\_\_\_\_ Title \_\_\_\_\_

2. Destination of Travel \_\_\_\_\_ Hotel \_\_\_\_\_

Is this the conference hotel or meeting location? **Yes** **No**

3. Date Leaving \_\_\_\_\_ Time Leaving Home Base \_\_\_\_\_  
(MM/DD/YYYY) (HH:MM am/pm)

Date Returning \_\_\_\_\_ Time Arriving at Home Base \_\_\_\_\_  
(MM/DD/YYYY) (HH:MM am/pm)

Important: Car rentals are not allowed when you are staying in a conference hotel or if your business meetings will be held at this hotel. If you need a rental vehicle, please note the purpose in the comments section of this form.

4. Inclusive Dates of Convention or Meeting attended, or Tour of Duty: from: \_\_\_\_\_ to: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

5. Mode of Transportation

Airplane (commercial)

Airplane (state-owned)

Private Auto \_\_\_\_\_

(Please enter the lower amount between the cost of airfare and the mileage allowance. Include Airfare Price Comparison in 6 below. Attach itinerary from Travel Agency)

State-Owned Auto

Other (specify) \_\_\_\_\_

Estimated Costs:

Transportation

Car Rental (Attach Justification)

Buses, Taxis & Other

Lodging Per Diem Allowance:

Total Nights @ Amount

\_\_\_\_\_ X \_\_\_\_\_

Meals

Registration Fee

Subtotal

Less meals and/or Lodging Exempt

Less Registration Amt

Net Expenses

Is a travel advance requested? **Yes** **No**

Maximum Advance Available \_\_\_\_\_

Advance Requested \_\_\_\_\_

Fund	Agency	Org	Approp Unit	Activity	Func	Object	Project or Job	Rept Cat	Amount

6. Purpose of Travel/Comments/Airfare Price Comparison: (Attach Copy of Convention or Meeting Agenda)

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Director or Designee \_\_\_\_\_ Date \_\_\_\_\_

☐ Approval ☐ Disapproval

Department/Agency Budget Officer \_\_\_\_\_ Date \_\_\_\_\_

Agency Head or Authorized Agent Approval \_\_\_\_\_ Date \_\_\_\_\_

Original of this form is to be submitted with Reimbursement Request. Copy must be attached to Travel Advances and Registration Payments.